



Los Angeles County Health Agency



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Los Angeles County Health Agency Mission Statement

The mission of the Los Angeles County Health Agency is to improve health and wellness across Los Angeles County through effective, integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities

DEPARTMENT OF HEALTH SERVICES (DHS)

- Second largest municipal health system in the U.S.
 - 4 hospitals (2 level 1 trauma centers)
 - 19 outpatient clinics
 - 1 nursing school
 - Emergency Medical Services (ambulance services).
- Academic partnership with UCLA and USC Schools of Medicine for services and training of new doctors, NPs and PAs.
- Collaboration/contracts with over 50 Federally Qualified Health Centers for primary care for the uninsured.
- 19,000 county staff and around 4,000 contractors
- Operating budget of \$4 billion.
- Serves around 600,000 unique pts and around 3 million outpatient visits.



DEPARTMENT OF MENTAL HEALTH (DMH)

- Largest mental health system in the U.S.
- Staff and contractor model
- Is the L.A. County Medicaid Managed Care Plan for all Medi-Cal beneficiaries and uninsured in L.A. County for severely mental health diagnosis
- Exclusive provider for L.A. County Children and Family Services, Probation, Sheriff and Social Services.
- Operating budget of \$2 billion
- Serves around 260,000 unique pts



DEPARTMENT OF PUBLIC HEALTH (DPH)

- **Mission:** Serves to protect all of the residents in L.A. County.
- 39 distinct programs
 - Direct services such as vaccine and tuberculosis treatment.
 - Environmental Health (safe water and food supply, restaurant safety and inspections etc...)
 - Investigation of public health threats and outbreak
 - Administrator for HIV Program
 - Substance Abuse Prevention and Control program for Medi-Cal beneficiaries and uninsured individuals.
- Operating budget of \$1 billion

HISTORY & CONTEXT

Pre-1972

DHS, DMH and DPH
were separate
departments

1972-1978

DHS, DMH and DPH
merged into one
department
(Department of
Health Services)

1978

DMH becomes an
independent
department
(DHS hospital inpatient
and emergency
psychiatric services
continues to be
managed by DHS)

2006

DPH becomes
independent from
DHS (Some clinics
were aligned with
DHS and some
DPH)

Factors that Shaped the Decisions

- Unstable leadership
 - Experience with the different disciplines (public, physical and mental health)
- Competing program and budget
- Different Mission and population

2015 TIMELINE & PROCESS

JANUARY

Board of Supervisors approves in concept the creation of a health agency

MARCH

Draft report released to the public

APRIL – MAY

Public dialogue and comment period on draft report

JUNE

Final report was submitted to the Board of Supervisors

August

Board of Supervisors approves the integration and creation of a single unified health agency

September

Draft of Health Agency Operational Framework and Strategic Priorities

October

Public dialogue and comment period on Operational Framework and Strategic Priorities

November

Announcement of new Health Agency Director and creation of Integration Advisory Board

Health Agency Workgroups

Eight (8) strategic priority workgroups established:

1. Consumer Access and Experience
2. Housing and Supportive Services for Homeless Consumers
3. Overcrowding of Psychiatric Emergency Departments
4. Culturally and Linguistically Competent Programs
5. Diversion of Corrections-Involved Individuals to Community-Based Programs and Services
6. Expanded Substance Use Disorder Benefit
7. Vulnerable Children and Transitional Age Youth
8. Chronic Disease and Injury Prevention

Overall Strategy :
Health Agency Quadruple Aim
DHS + DMH + DPH

More Care

*Improve Patient
and Population
Experience*

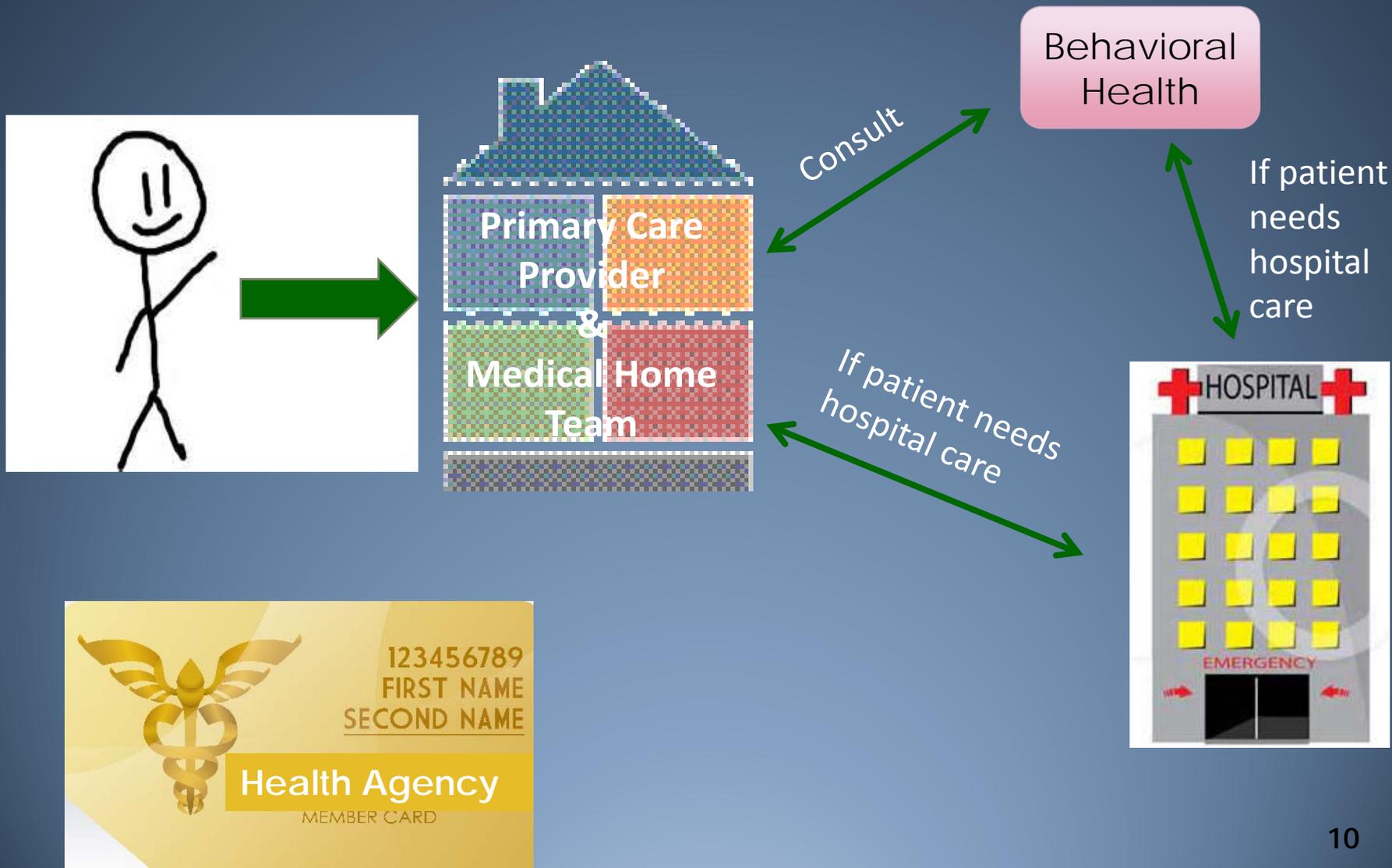


*Same or
Better Quality*

*Same or
Lower Budget*

Health Agency Integrated Care for with Behavioral Health Problem

Consumer Access and Experience



Consumer Access and Experience

Roybal Comprehensive Health Center's Diabetes Group Visit Program DHS and DMH Staff Working Together



Housing and Supportive Services for Homeless Consumers

Inventoried Housing Slots for the 3 Departments

General Bed Type Description	Number*
Post Acute/High Intensity	1,262
Shorter-Term Bridge	1,535
Longer-Term Bridge	1,145
Permanent	4,809
Grand Total	8,751



Star Apartments

*As of January 27, 2016

Housing and Supportive Services for Homeless Consumers



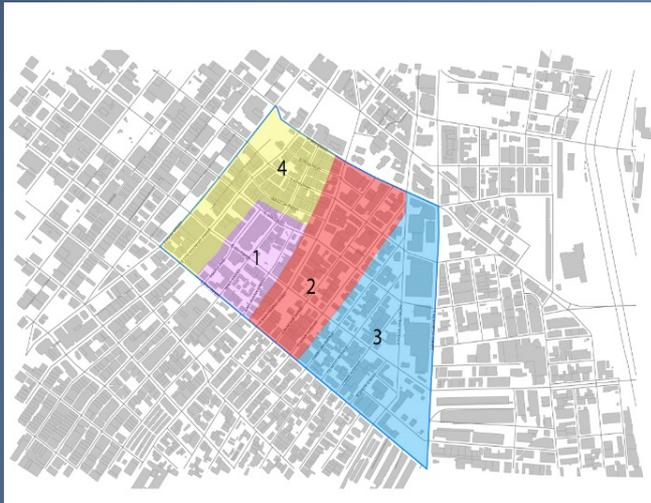
Next step is to create “one point of entry” that can identify and authorize the best available housing option

Housing and Supportive Services for the Homeless

County+City+Community (C³) Team

- Skid Row engagement began on January 4, 2016
- The C³ program has 4 teams and provides consistent street-based engagement with homeless individuals 5 days/week

C³ Skid Row Quadrants and Team Composition



Team Members	STAFF
DMH Social Worker/Psych D.	1
DHS/DPH Nurse	1
DPH Drug/Alcohol Counselor	1
LAHSA Emergency Response Team	1
AmeriCorps Members	2
TOTAL MEMBERS PER TEAM	6

Team has assigned 35 people to permanent housing.

Overcrowding of Psychiatric Emergency Departments

Mental Health Urgent Care Centers reduce the need to go to psychiatric emergency rooms

- Exodus Recovery Eastside
- Exodus Foundation MLK
- DMH-DHS Olive View UCC
- Telecare Mental Health Urgent Care Center
- Exodus Recovery Westside



Westside UCC

Access to Culturally and Linguistically Competent Services

- Created a SharePoint website to share and maintain resources

Next Steps:

- Identify program similarities and regulatory needs
- Explore possible tri-Department contracts
- Share trainings to meet common cultural and linguistic needs



Expanded Substance Use Disorder Benefit

- Provide sober living programs as an optional benefit under the Drug Medi-Cal waiver
- DMH staff to train DHS on substance use screening
- DPH staff to train DHS and DMH staff on referring patients with substance abuse issues
- DPH plans to assist DMH, DHS, and community clinics to become Drug Medi-Cal certified and provide treatment services

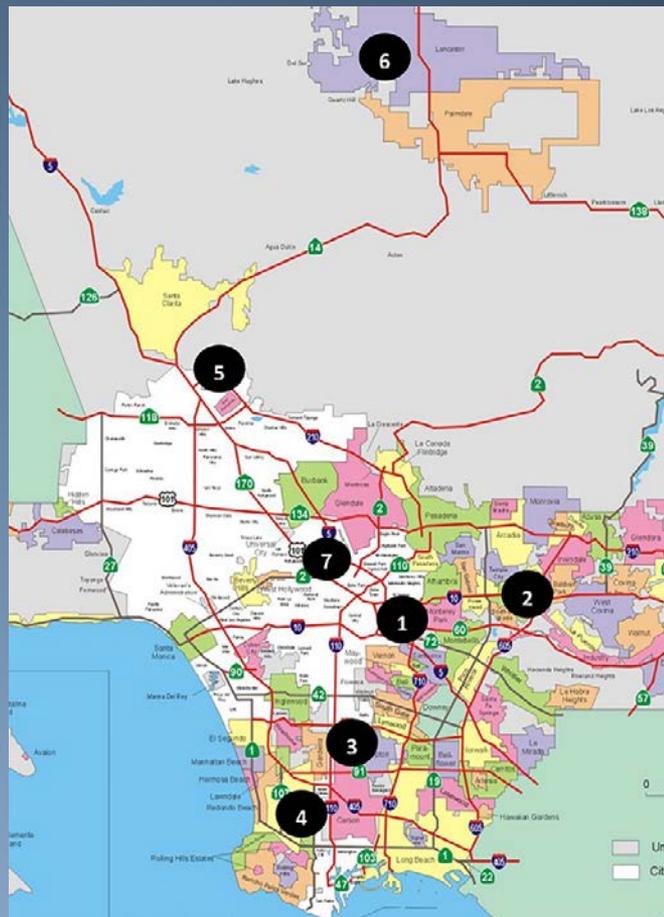


Vulnerable Children and Transitional Age Youth

Medical Hubs serve as a main entry point for high need youth, Transitional Age Youth (TAY), Commercially Sexually Exploited Children (CSEC), and LGBT.

1. LAC+USC VIP Hub
2. East San Gabriel Valley Hub
3. MLK Hub
4. Harbor-UCLA Hub
5. Olive View-UCLA Hub
6. High Desert Hub
7. Children's Hospital LA Hub

All Hubs will have mental health staff.



Vulnerable Children and Transitional Age Youth

Next steps:

- Coordinate assessments, treatment and referrals
- Integrate substance use prevention and treatment services
- Share information through eMHub and through EHRs.



East San Gabriel Valley Hub

Chronic Disease and Injury Prevention

Expand Youth Violence Programs

- DHS has shifted \$685,000 Trauma (Measure M) funding to DPH to expand the Parks after Dark Program.



Expand Disease Prevention Programs

- DPH received federal funding to train DHS and Community Partner clinics on the Diabetes Prevention Program.
- DPH will train DHS and DMH providers on best practices for tobacco cessation.

Staff Engagement Efforts

- Met with over 10 community organizations and County commissions
- March 2, 2016. First Health Agency Town Hall
- Mitch Katz (Health Agency and DHS), Robin Kay (DMH), Cindy Harding (DPH) and 5 union partners: American Federation of State, County and Municipal Employees (AFSME), International Brotherhood of Electrical Workers (IBEW), Service Employees International Union (SEIU), Union of American Physicians and Dentists (UAPD)
- Broadcasted to 189 sites/portals.
- Town hall was recorded and available online





We have just started, there is tremendous support, and momentum to succeed.